

# Joint Committee on Access and Forensic Services

## FINAL DRAFT Meeting #24 Minutes

Wednesday, January 29, 2020

9:00 a.m.

Brown Heatly Building, Public Hearing Room  
4900 N. Lamar Blvd., Austin, TX 78751

### Agenda Item 1 & 2: Opening remarks and introductions & Welcome new Advisory Committee members

The Joint Committee on Access and Forensic Services (JCAFS) meeting was called to order at 9:02 a.m. by Mr. Stephen Glazier, Chair. Announced that agenda items #10 and #13 would follow agenda item #7 from the posted public agenda. Mr. Glazier welcomed everyone to the meeting, announced new members (Judge Robert Johnston and Sherri Cogbill), and then asked committee members to introduce themselves, as well as state staff. Mr. Glazier invited Ms. Denise Oncken and Dr. Matthew Faubion, former Forensic Workgroup members to attend the meeting to serve subject matter experts.

Mr. John Chacón, Advisory Committee Coordination Office (ACCO), Health and Human Services Commission (HHSC), announced that the meeting was being conducted in accordance with the Texas Open Meetings Act, and noted that a quorum was present for the meeting.

Table 1 notes Committee member attendance.

Table 1: JCAFS member attendance at the Wednesday, January 29, 2020 meeting.

MEMBER NAME	YES	NO
Allison, Jim Representing County Judges and Commissioners Association of Texas	X	
Alsup, Bill Texas Municipal League.	P	
Carr, Shannon Representing the Austin Area Mental Health Consumers, Inc.		X
Cogbill, Sherri Representing Texas Department of Criminal Justice (TDCJ) @ 9:43 am	X	

MEMBER NAME	YES	NO
Evans, David Representing the Texas Council of Community Centers	X	
Glazier, Stephen M. Representing the Texas Hospital Association	X	
Johnson, Windy @ 9:22 am Representing the Texas Conference of Urban Counties	X	
Johnston, Judge Robert County Judges and Commissioners Association of Texas.	X	
McLaughlin, Darlene MD Representing the Texas Municipal League	P	
Smith, Shelley Representing the Texas Council of Community Centers	X	
Taylor, Sally MD Representing the Texas Hospital Association as a physician		X
Wagner, J.D. Representing the Texas Association of Counties	X	
Wilson, Sheriff Dennis Representing the Sheriffs' Association of Texas	X	
VACANT Forensic Director, Ex-Officio		
VACANT		
VACANT		
VACANT		
VACANT		

Yes: Indicates attended the meeting in-person No: Indicates did not attend the meeting

P: Indicates phone conference call

### Agenda Item 3: Approval of minutes from October 23, 2019, committee meeting

Mr. Stephen Glazier asked for a motion to approve the minutes from the October 23, 2019 committee meetings.

#### **MOTION:**

Judge J.D. Wagner moved to approve the minutes from the October 23, 2019 committee meeting as presented. Sheriff Dennis Wilson seconded the motion. The Committee members approved meeting minutes by voice vote and roll vote from members in the phone with ten yeas, no nays and no abstentions.

### Agenda Item 4: Joint Committee on Access and Forensic Services (JCAFS) bylaw revisions

Mr. Jim LaRue, HHSC, Office of Mental Health Coordination, reviewed proposed JCAFS bylaw revisions and referenced handouts entitled "JCAFS Draft Revised Bylaws" and "Proposed JCAFS Bylaw Revisions". Highlights of the review and committee member discussion included:

- Mr. Jim Allison recommended that the number of terms listed in the second sentence in Section 7 be changed from 2 to 3 and that the 6<sup>th</sup> sentence in Section 7 that states that "Committee members may serve in a leadership position (either Chair or Vice-Chair) for only two officer terms during their membership term" be removed. Mr. Allison stated that making this change would allow for there to be a carryover in the leadership of the committee going into legislative sessions. The changes would also allow for a member to serve a maximum of 6 years in a leadership role if they were to serve as a Vice-Chair for 3 years and then as the Chair for 3 years.
- Mrs. Kym Oltrogge, with the HHSC Legal Policy Department, stated that the number of terms that the Chair and Vice-Chair may serve is not listed in statute and that a change in the number of terms listed in the bylaws would have to be approved by the Advisory Committee Coordination Office (ACCO). She recommended that additional wording be added to the second sentence of Section 7 to read: "The Chair and Vice-Chair will each serve no more than three one-year terms in each position."

#### **MOTION:**

Mr. Jim Allison made a motion to approve the bylaws with amendments to Section 7 of the Bylaws regarding the number of terms of Chair and Vice-Chair and pending approval from HHSC legal counsel and ACCO. Ms. Windy Johnson seconded the motion. The Committee members approved the bylaws with amendments with pending approval from HHSC legal counsel and ACCO by voice vote and roll vote from members in the phone with ten yeas, no nays and no abstentions.

- Mr. John Chacón, ACCO Facilitator, reported back to committee that Ms. Kym Oltrogge, HHSC legal counsel and Ms. Cassandra Marx, Director, HHSC-ACCO, accepted the recommended changes offered by JCAFS. Ms. Oltrogge stated she did not have a legal problem with making the recommended changes. She stated that there was a very low risk to accepting the recommended changes to the bylaws to 3 one-year terms and amending the rule to match the bylaw terms of officers. With this stated, Mr. Chacón announced that as per legal opinion from Kym Oltrogge, HHSC-Legal Counsel and Cassandra Marx, Director, HHSC-ACCO, the JCAFS committee bylaws are approved as amended.

### Agenda Item 5: Ideas for adding new members

Mr. Stephen Glazier, Chair, lead discussion on generating ideas for adding new members. Highlights of committee member discussion included:

- Mr. Stephen Glazier, Chair, discussed the possibility of adding new members from stakeholder groups to the JCAFS committee during the Texas Administrative Code (TAC) JCAFS rule revision process that will be occurring during 2020.
- Ms. Shelley Smith recommended that JCAFS has a member that represent consumers. It was determined that the 4 vacant positions designated for members to be appointed to the JCAFS from the Behavioral Health Advisory Committee (BHAC) would represent consumers.
- Ms. Denise Oncken, Subject Matter Expert, recommended two representatives from the Texas District of County Attorney's Association, one who represents forensic cases and one that represents civil cases. She also recommended that at least one (maybe two) members be added to the JCAFS committee who represents the Texas Criminal Defense Lawyers Association who represent the criminal defense side of cases. She recommended that a defense lawyer who represents civil cases be appointed to the committee either as a member or as a subject matter expert. Ms. Oncken stated that the Texas Criminal Defense Lawyers Association may not have defense attorneys that represent civil cases but could probably assist in locating a defense attorney that works with civil cases.
- Mr. Jim Allison recommended that there be a member be added to the JCAFS that represents the Texas District Courts.
- Dr. Faubion (Subject Matter Expert) recommended a member be added to the JCAFS that represents Disability Rights.

### Agenda Item 6: Community services provided through Texas Government Code

§§ 531.0991, 531.0993, and 531.09935

Ms. Trina Ita, Associate Commissioner (AC), HHSC, reported on Community services provided through Texas Government Code §§ 531.0991, 531.0993, and 531.09935 and referenced a PowerPoint entitled "Building a Continuum of Care". Highlights of the report out and committee member discussion included:

- AC Ita, stated that the information being presented is intended to be a follow-up on the presentation that was provided by Deputy Executive Commissioner (DEC) Mike Maples and DEC Sonja Gaines provided during the last JCAFS meeting held on 10/23/19 regarding HHSC services that are provided in the continuum of care.
- AC Ita stated presented information about Outpatient Capacity Expansion. She stated that the outpatient waitlist has been reduced dramatically by the expanded funds that have been provided by the legislature. She stated that in fiscal year 2019 among adults in Texas who received community-based mental health services: 99% percent avoided hospitalization, 60 percent showed acceptable or improved employment, and 86 percent showed acceptable or improved living situations.
- AC Ita stated that in fiscal year 2019, among children and adolescents in Texas who received community-based mental health services: 70 percent showed acceptable or improved school performance and 81 percent showed acceptable or improved family living situations.
- AC Ita stated that during the 86<sup>th</sup> Legislative Session \$29.5 million in new funding for outpatient mental health services was appropriated which will allow for a projected increase in services for 6,090 individuals.
- AC Ita stated that regarding capacity expansion there were 202,891 individuals served with outpatient mental health services in 2012 and in 2018 the numbers of individuals served increased to 268,938 which was a 32.6% increase in the annual number of people served. She stated that the percent of need served increased by 18.8% from 2012 to 2018. This increase is directly related to the increase in the population of Texas.
- AC Ita stated that the Adult Mental Health waitlist reached a high of 7,235 in fiscal year 2011. As of August 2019, the total waiting list was 278 adults. She stated that only 8% of centers had waiting lists as of August 2019. She stated that these data points highlight the impact of the increased funding as had on HHSC's ability to provide outpatient mental health services.
- AC Ita stated that in fiscal year 2010 the children's mental health waitlist reached a high of 527 children. She stated that as of August 2019 the total waiting list was nine children. She stated that two LMHA's have a waiting list as of August 2019.
- AC Ita stated that efforts have been made by HHSC to transfer individuals from state hospitals to Home and Community Based Services-Adult Mental Health (HCBS-AMH). She stated that about 143 individuals have been discharged from the state hospitals to the HCBS-AMH programs. She stated

that about 83% of the individuals have not been re-admitted back into the state hospitals.

- AC Ita stated that HHSC has expanded local bed capacity where HHSC contracts with local mental health authorities to contract with local private psychiatric hospitals to provide inpatient psychiatric treatment. She stated that in fiscal year 2019, HHSC funded \$93,028,835 to 30 LMHAs/LBHAs for these services. She stated that as a result, there were 664.6 average beds contracted each day. She stated that 43 of these beds were forensic beds for inpatient competency restoration. She stated that in fiscal year 2019, the number of individuals served in a mental health community hospital was 14,186, which is 32.6 percent higher than projected.
- AC Ita stated that HHSC received \$25,550,000 in new funding for Inpatient Psychiatric Bed Expansion during the 86<sup>th</sup> Legislative Session. This represents 53.1 additional beds with a new capacity of 517.7 average beds per day. She stated that work is being done currently to execute contracts and begin deploying the new beds during the next month or so.
- AC Ita stated that a program called Coordinated Specialty Care for First Episode Psychosis is being used to intervene with individuals at an early stage of their illness. She stated that the program is team-based, person-centered, recovery-oriented treatment approach. She stated that the program is time limited: up to 3 years for ages 15 – 30 with a diagnosis given within the past two years that contains a component of psychosis. The program has expanded to 23 sites across the state. AC Ita stated that enrollment in the program in fiscal year 2019 has led to a 67% reduction in crisis service contacts, 96% fewer inpatient psychiatric services needs and a 57% increase in engagement in supported employment.
- AC Ita stated that HHSC recognizes that increased housing opportunities are needed. She stated that improved access to housing is being sought through Healthy Community Collaboratives, Supportive Housing Rental Assistance, Project Access and 811 Project Rental Assistance.
- Ms. Shelley Smith asked AC Ita about the data presented regarding Adult Outpatient Mental Health Services Outcomes. Specifically, she asked about the 99% of individuals who received community-based mental health services in 2019 who avoided hospitalization. Ms. Smith commented that this data seemed high and asked AC Ita where the data was gleaned from. AC Ita stated that she would need to check with HHSC's Office of Decision Support to gather details about this data and share the information with the committee.
- Ms. Denise Oncken commented that it might be helpful for the committee to see a list of the HB 13 and SB 292 grant funds that have been sent out by HHSC to communities and see what programs the grants are funding and how many individuals they are serving. AC Ita stated that information about

the HB 13 and SB 292 grant funded programs will be shared by Sarah Tillman during the next JCAFS presentation.

- Ms. Windy Johnson asked AC Ita if HHSC has anticipated the impact that the increase in the Texas population will have on the waitlist and legislative appropriation requests. AC Ita stated HHSC is monitoring the waitlist and the impact that the increase in the population and other factors are having on the size of the waitlist and upcoming LAR exercises.

## Agenda Item 7: Texas Government Code §§ 531.0991, 531.0993, and 531.09935 report cards

Ms. Sarah Tillman, HHSC and Ms. Donna Wood, HHSC, provided a review of Texas Government Code §§ 531.0991, 531.0993, and 531.09935 report cards and referenced a PowerPoint entitled “Behavioral Health Collaborative Grants”.

Highlights of the review and committee member discussion included:

- Ms. Tillman stated that the state-funded behavioral health matching grants are comprised of four distinct grant programs which are: Healthy Community Collaboratives, Texas Veterans + Family Alliance, Mental Health Grant Program for Justice-Involved Individuals and the Community Mental Health Grant Program.
- Ms. Tillman described the purpose of each of the four grant programs. She also described the specific appropriations that the legislature has made for each of the grant programs both for fiscal years 2018 – 2019 and fiscal years 2020 – 2021. In fiscal years 2020 -2021 the legislature appropriated \$135 million dollars for all the community grant programs. She stated that the grant programs do require the grantees to share in the cost of the programs through a matching requirement that are based on a population threshold.
- Ms. Tillman stated that HHSC reports on grant programs based on numbers served. She stated that in fiscal year 2019 the Community Mental Health Program served 72,802 individuals, the Mental Health Grant Program served 33,843 individuals, the Healthy Community Collaborative Grant Program served 29,342 individuals, and the Texas Veterans + Family Alliance Grant Program served 12,384 individuals. She stated that now that the programs are up and running, HHSC will be able to focus on outcomes and determining what impact the programs are having on Texas communities. She stated that grantees were allowed in the initial roll out to select their own performance measures and with 4 grant different grant programs this resulted in approximately 800 different performance measures across the state. HHSC is now working to identify ways to standardize outcome measures so that outcomes can be analyzed and discussed with confidence.
- Ms. Tillman presented handouts that provide a summary of the Report Cards for the grantees for fiscal year 2019. Ms. Tillman stated that the Report Cards provide highlights of the outcomes for the grantees using 26 outcome

areas, service area by county, project descriptions, and corresponding outcome areas.

- Ms. Tillman presented a video created by the Office of Court Administration illustrating a grant program created by the Texana Center using the Sequential Intercept Model- Intercept 4 – Re-entry as a framework to reduce recidivism.
- Ms. Tillman stated that in the future HHSC would like to capture outcome data with success stories to illustrate the impact that the grant programs are having on people's lives and on the communities that are administering the programs. She stated that a project called the Measure Up Project which is made up of a work group that has the purpose of developing meaningful performance measures that provide a standardized way to communicate outcomes and impact of grants, develop efficient/effective ways to collect, aggregate, and analyze reported data, identify standardized messaging to provide to external stakeholders, specifically legislators and recommend domains for outcome areas including: preventing adverse events, autonomy and recovery and wellness.
- Mr. David Evans asked if HHSC has a clear path forward for taking the successful grant programs and build them into the accountable contracts with the LMHA's so that they can be sustained over time as opposed being Exceptional Items. Ms. Tillman stated that HHSC has been using the grant programs as a platform to demonstrate the good projects that are being conducted that could be at some point adopted so that they could be sustained long term. She stated that she does not think that HHSC has a clear path for moving forward at this time, but that that is work that needs to be done.
- Mr. Evans stated that he would recommend that HHSC build on the first presentation which was to develop an accountable Continuum of Care.
- Ms. Shelley Smith asked when the centers will be notified about the HB 13 grant applications. Ms. Tillman stated that the HB 13 applications are still in active/open procurement and that she is not able to disclose any information about the RFA applications. Ms. Tillman stated that she would need to refer to the RFA's schedule of events and speak with the point of contact that was listed in the RFA.
- Ms. Windy Johnson asked if Ms. Tillman could explain the details that are required in the HB 13 and SB 292 Community Collaborative grant outcome reports. Ms. Tillman stated that there are two different reports. One report is on the work of the community collaborative that is reported to the Statewide Behavioral Health Coordinating Council (SBHCC) that describes their perspective on how the collaborative has provided benefit to the community and the second report is a regular quarterly report that is focused on the work that is being done to make progress towards targets or outcomes that were identified.



- Ms. Donna Wood reported that the performance measures for HB 13 and SB 292 outcomes are being reported monthly on Excel spreadsheets based on the performance measures that were established by the grantees at the time of contract negotiations. She stated that the reports are unduplicated on a monthly cycle and that part of the challenge has been that since the reports are submitted monthly it is difficult to determine if the outcomes are sustained on an aggregate basis for a fiscal year for example. The report that is submitted to the SBHCC is submitted on a quarterly basis in narrative form summarizing the effectiveness of the collaboratives.
- Ms. Johnson asked if JCAFS could get a copy of the quarterly report that is submitted to the SBHCC. Ms. Tillman stated that a copy of the quarterly report could be sent to the JCAFS.
- Mr. Glazier stated that the JCAFS is very supportive of the work that HHSC is doing to conduct the Measure Up program to measure the outcomes of grant programs which will in turn enable the JCAFS to support programs that are working based on tangible data.

## Agenda Item 10: Subcommittee reports:

Access Subcommittee

New beds Subcommittee

Regarding the **Access Subcommittee**, Ms. Shelley Smith and Dr. Matthew Faubion provided a report from the Access Subcommittee. Highlights of the report included:

- Ms. Smith stated that several subcommittee meetings were held during the last quarter. Access to state hospital beds were discussed.
- Dr. Faubion provided an update on the status of the recommendations that have been made by the Access subcommittee. The subcommittee made four recommendations. First, the appropriate setting of care for patients coming into the state hospitals. Beginning September 1, 2019 individuals are no longer committed to a particular level of care. Instead, individuals are committed to the care of HHSC. A new review process was initiated with resounding success. Of 237 individuals placed on the MSU waitlist since 9/1/19, 15% were waived out of MSU which freed up MSU beds for other individuals in need of those beds. Feedback from facilities receiving individuals waived out of MSU beds have been positive with no negative outcomes. The Access subcommittee has recommended that the state hospitals continue the review process and expand the review process to include direct admissions to State Supported Living Centers (SSLC) if appropriate and review of the quality of pre-trial competency evaluations and make recommendations about the evaluations which may result in a change in the incompetency status of some individuals.

- Mr. Jim Allison asked if the expansion of the review process would result in increased costs for the agency. Mr. Steve Glazier stated that the expansion of the review process would not increase costs but would expand the options that the state hospitals have as they review individuals coming into the state hospital and could possibly result in some individuals avoiding hospitalization all together. Mr. Allison stated that the expanded review process may result in reduced costs to the state.
- Second, Dr. Faubion, stated that the Access subcommittee recommends that the state hospitals utilize a standardized competency restoration report template as well as 6 question screening template that will be used by Recovery Teams every time an individual is reviewed in their treatment team meetings not only for clinical issues, but also for forensic issues as well. The screening form and the standardized Competency Evaluation Report template were approved by the State Hospital Governing Body during their January 2020 meeting and will now be used by all state hospitals. The forms have been shared with the Montgomery County facility and with private evaluators across the state. The Access subcommittee recommends that the state hospitals measure the impact of these new forms on the efficiency of competency restoration treatment in the state hospitals.
- Third, Dr. Faubion, stated that the Access subcommittee recommends that the state hospitals measure the individual timeframes that make up a length of stay as well as the aggregate lengths of stay. The individual timeframes to be measured are admission to facility to referral for evaluation, time from referral for evaluation to assignment to an evaluator, time from assignment to an evaluator to the time that the evaluator does the evaluation, time from when the evaluator does the evaluation until the time the report is written, time from the report is written until the report is submitted to the court, time from the report getting to the court until the time the person is picked up/discharged. Monitoring these timeframes will help each facility identify where the bottlenecks might be in the process, providing more data and a better understanding of what improvements can be made to improve efficiency.
- Fourth, Dr. Faubion, stated that the Access subcommittee recommends that state hospital outreach to the jails both prior to admission to a state hospital and post discharge from the state hospitals in order to provide support for individuals once they are returned to the jails to prevent worsening of psychiatric symptoms and a potential loss of competency. He also stated that in order to test whether jail outreach programs are helpful, two pilot programs were established. One pilot program has been set up in a rural area with West Texas Centers and Big Spring State Hospital and one pilot program in an urban area between San Antonio State Hospital and the court system in San Antonio. The pilot program in San Antonio provided training for the staff within the Bexar County Detention Center for staff to be able to

recognize and refer individuals who are ready for a competency re-evaluation. Dr. Faubion stated that they have learned that a segment of individuals on the forensic waitlist are able to be restored to competency by only starting the individuals on medication while they are jail. He stated that training was also provided to the Bexar County Public Defender's Office and the Bexar County District Attorney's Office in order for their staff to be able to recognize individuals that are ready to be referred for competency re-evaluation. Dr. Faubion stated that thus far two individuals in the Bexar have been referred for competency re-evaluation and were determined to be competent and were able to be taken from the state hospital forensic waitlist saving the state approximately 380 bed days (based on state wide averages for 46B commitments to state hospitals). Dr. Faubion reported within the rural pilot program a West Texas Centers staff member has been assigned to work in the largest jail in their 24-county area. The staff member has the responsibility of assisting with identifying individuals who may need mental health treatment, facilitation of that treatment, and re-entry assistance. Within that pilot one individual is currently pending re-evaluation for competency. Also, within the pilot the West Texas Centers staff are providing educational opportunities for law enforcement and jail staff of what to monitor and build upon mental health deputy training. The West Texas Centers LMHA also has plans to expand dedicated forensic service delivery across their 24-county catchment area.

Regarding the **New Beds Subcommittee**, Sheriff Dennis Wilson provided a report from the New Beds Subcommittee. Highlights of the report included:

- Sheriff Dennis Wilson stated that the New Beds Subcommittee had one in person meeting and a couple of meetings by phone. He stated that the ideas of the New Beds Subcommittee are being incorporated into the recommendations listed in the JCAFS 2019 Annual Report. He stated that he will continue to emphasize the need for a swifter process for moving individuals in need of competency restoration out of the county jails due to the costs and liabilities associated with caring for forensic individuals that are being housed in county jails.

### Agenda Item 13: JCAFS annual report

Mr. Stephen Glazier, Chair, provided an update on required JCAFS annual report and referenced a handout entitled "JCAFS Annual Report" and asked members to review the report. Highlights of the update and committee member discussion included:

- Mr. Jim Allison recommended deleting the last sentence on the second page, second paragraph of the report which states "The growth of individuals waiting primarily in county jails for forensic placement is not unique to Texas

it is in fact a national trend". Mr. Allison stated that first, he doesn't know why this information would be helpful in the report and second, he hasn't seen that data. Mr. Glazier stated that either the committee could strike that sentence or get the actual data and include it in the report. Mr. Allison recommended deleting the sentence.

- Dr. Matthew Faubion stated that the data regarding national trends could be provided if the committee desired by using data contained in a report entitled: "Forensic Patients in State Psychiatric Hospitals 1999 – 2016".
- Mr. Allison stated that he does not see that the sentence would add anything to the report. He moved for adoption of the report with the deletion the last sentence on the second page, second paragraph of the report which states "The growth of individuals waiting primarily in county jails for forensic placement is not unique to Texas it is in fact a national trend". Dr. Darlene McLaughlin seconded the motion.
- The following is discussion on the motion:
  - Mr. Glazier asked Ms. Rachel Samsel about the 240 state hospital beds listed in the report that are being recommended to being unused and feasible to rehabilitate and utilized. He asked if she had a different number that the state hospitals would want JCAFS to use in the report.
  - Ms. Samsel stated the number should be "up to 180 beds". She stated that the state hospitals would want to weigh the options between rehabilitating unused beds versus building new beds based on a cost comparison.
  - Mr. Allison asked how many of the 180 beds would be forensic beds. Ms. Samsel stated that the designation of forensic and civil beds is determined by the state hospitals based on their operational needs.
  - Mr. Allison stated that he doesn't mind changing the wording to up to 180 because the recommendations are being made to the agency to prioritize coming forward with a plan to address the backlog on the forensic waitlist. He stated that he would like to keep the 240 number in the sentence and add up to 180 giving the agency the ability to prioritize. He stated that he would like to keep the 240 that the New Beds Subcommittee identified rather than boil it down to 180. He wants the agency to come up with a detailed plan that the committee can get behind and support with the legislature. Ms. Samsel stated that the actual number presented in the New Beds Subcommittee was about 182, not 240. This accounts for taking off the beds designated for Waco Center for Youth.
  - Mr. Allison asked if this is an exercise in futility or are their beds that can be rehabilitated and if the legislature approves the money can beds be brought online that are cheaper and faster than new construction. Ms. Samsel stated that from the agencies perspective going into the next session one of the priorities is to ask for deferred maintenance funding to

keep existence beds operational. Second, requests will be made for funding of current construction and potential new construction in facilities around the state.

- ▶ DEC Mike Maples stated he does not think this JCAFS recommendation is a futile effort. He stated that he thinks it is a good recommendation, especially since the agency is going into the Exceptional Item request process. He stated that he thinks that it is good to hear from the committee on what they would like for the agency to do. He stated that he thinks that it would be helpful to the agency in their LAR process for the committee to include recommendation language indicating that if it is more feasible to build new beds than to rehabilitate unused beds that that should be considered.
- ▶ Mr. Glazier stated that the JCAFS wants to make recommendations that the agency can get behind.
- ▶ Mr. Glazier that the paragraph would read "Request funding to renovate and operationalize up to 180 beds that have been previously identified by the state hospital leadership team as currently unused and feasible to rehabilitate and utilize. In the alternative, if it is determined that it is more cost effective to construct new beds, then request funding for an equal number of new beds."
- ▶ Ms. Denise Oncken asked if the up to 180 beds would be maximum security beds. Ms. Samsel stated that at this time they are not designated as either maximum security (MSU) or non-maximum security (MSU) beds. The potential sites for rehabilitation could potentially be used for either MSU or non-MSU beds.
- ▶ Ms. Oncken stated that many of the individuals on the Harris County waitlist are waiting for MSU beds and it would be best to spend a little bit more money to create MSU beds if possible due to the demand for MSU beds across the state.
- ▶ Sheriff Wilson asked Ms. Samsel if the state hospitals will be able to staff the beds once they are built or re-habilitated. Ms. Samsel stated the hospitals will be able to staff the new beds coming online at Rusk and Kerrville. However, the state hospitals are experiencing their biggest staffing challenges at Big Spring State Hospital. The agency will be working on Exceptional Items to address workforce issues.
- ▶ DAC Robert Dole recommended that wording be added to the second paragraph on the third page. He recommended that the paragraph should read: Request funding to expand and implement jail diversion, outpatient, and jail outreach programs and best practices across the state and align these recommendations with the report associated with SB 633.
- ▶ Dr. McLaughlin recommended that the terminology used in the fourth paragraph of the second page that states "Given the societal factors" be changed to "Given the mental health delivery system factors".

- Mr. Glazier, Chair, asked for a motion for approval of proposed revisions in the 2019 JCAFS Annual Report.

**MOTION:**

Mr. Jim Allison made a motion to approve the JCAFS annual report with amendments noted by committee members and HHSC staff. Dr. Darlene McLaughlin seconded the motion. The Committee members unanimously approved the 2019 JCAFS Annual Report with edits by voice vote and roll vote from members in the phone with ten yeas, no nays and no abstentions.

- Mr. Glazier asked for a motion for approval of the four recommendations listed on the agencies Recommendation Template.

**MOTION:**

Sheriff Dennis Wilson made a motion to approve the recommendation template by HHSC with edits. Judge JD Wagner seconded the motion. The Committee members unanimously approved the recommendations in template by HHSC with edits by voice vote and roll vote from members in the phone with ten yeas, no nays and no abstentions.

- The following is discussion on the motion:
  - Mr. Allison recommended to amend by the first recommendation template on page 1 adding recommended revising the section on the Associated Cost related to the recommendation by inserting "Diversion of individuals who may need inpatient care may result in cost savings".
  - Ms. Samsel stated that she would recommend changing the wording on the same recommendation template from no to "possibly yes".

**Agenda Item 8: Outpatient competency restoration rules**

Ms. La Quinta Swan, Outpatient Competency Restoration (OCR) subject matter expert for the HHSC IDD-BH Department, provided an overview of outpatient competency restoration rules and referenced handout entitled "Outpatient Competency Restoration Rules". Highlights of the overview and committee member discussion included:

- Ms. Swan informed the committee that she was providing the committee of notification that the proposed OCR Texas Administrative Code Rules will provide standards on how OCR services are provided ensuring consistency in OCR program operations, including eligibility criteria, service requirements, reporting standards, and staff member training. She stated the formal comment period will be posted on the HHSC rule website after the proposed rules are presented in the August 2020 HHSC Executive Council Meeting. HHSC gathered an OCR workgroup comprised of HHSC staff, including the HHSC Specialty Care System and external stakeholders. The workgroup developed the draft OCR rules beginning in July 2018. Since that time the

workgroup members participated in the development of the proposed rules to reflect in statute and implementation of best practices in OCR program operations. The workgroup convened their final meeting on August 2, 2019.

- Ms. Swan invited the committee to review the briefing document that she provided for committee members and to contact her if they have any questions.

### Agenda Item 9: Joint Committee on Access and Forensic Services (JCAFS) coordination with Behavioral Health Advisory Committee Housing Subcommittee

Ms. Windy Johnson provided an update from the Behavioral Health Advisory Committee Housing Subcommittee. Highlights of the update and committee member discussion included:

- Ms. Windy Johnson updated the committee on the status of the Behavioral Health Advisory Committee (BHAC) Housing Subcommittee's proposed a policy proposal for a Housing Choice Plan. Ms. Johnson stated that HHSC has accepted the plan and has already created a workgroup to put the Housing Choice Plan into effect.
- Ms. Johnson stated that the BHAC Housing Subcommittee met once and will be meeting monthly. The Housing Subcommittee is working on developing an educational document for advocacy organizations to promote housing choices in the target population which includes individuals with IDD, Mental Health and Substance Abuse issues. The subcommittee hopes to have the document completed by May 2020.
- Mr. David Evans stated that he wanted to make an observation that this topic is very important due to the impact that it makes on people's lives. He stated that he observed the use of words like "scanning" and "analysis" in the BHAC Housing Subcommittee's policy proposal. He recommended that the importance of the topic should be reflected in the use words such as "next early planning steps" rather than the word "solution".
- Ms. Johnson stated that one of the outcomes of the housing subcommittee is to identify what currently exists and what needs to be put into place and what the costs are for putting the recommendations into place along with possible recommendations for statutory changes in order to ensure that housing is an option.

### Agenda Item 11: JCAFS data dashboard

Mr. Logan Hopkins, Director of Data Analytics for the State Hospital System, HHSC, provided an update on JCAFS data dashboard and referenced handout and spreadsheet entitled "JCAFS Data Dashboard". Highlights of update and committee member discussion included:

- Mr. Hopkins stated that he wanted to point out a couple of highlights about the dashboard. Specifically, he stated that there is a lot going on with the forensic waitlist data. He stated that since the last JCAFS meeting the number of individuals waiting for state hospital admission did reach 1000 in December 2019. He stated that currently the number individuals on the forensic waitlist is 920.
- Mr. Hopkins stated that the increase in the number of individuals on the waitlist was particularly high in August and October 2019 when there were all time records set in the number of individuals added to the waitlist. He stated that during the first four months of this fiscal year there is a downward trend in the number of people being added to the forensic waitlist. In FY2019 there was a monthly average of 3 people being added to the MSU waitlist and 16 to the Incompetent to Stand Trial (IST) waitlist. In the first four months of FY2020 there has been a monthly average of dropping 8 people off from the MSU waitlist and adding 3 people to the IST waitlist. He stated that the number of individuals on the over 365-day list has been decreasing thus far in Fy2020 which is due to the number of civil patients being discharged. He stated that this had resulted in an increase in the number of beds available for IST patients. He stated that there has been an increase in both the number of IST patients on the over 365 list and the IST patients in the 15–90 day stay categories.
- Mr. Stephen Glazier, Chair, stated that the committee will need to continue to monitor in the IST column of the dashboard the average length of stay for IST patients. He stated that this is the metric that will reveal the impact of the work that Dr. Faubion and the Access subcommittee has tried to impact with improved efficiency.
- Mr. Jim Allison asked about the discrepancy in the numbers listed on the dashboard for “Demand waitlist” for maximum security category. Mr. Hopkins stated that the discrepancy in numbers listed is a result of changes in the status of individuals on the waitlist. He stated that one example is a change in the hold status of individuals during a given month will impact the number in the Demand Waitlist category. He stated the beginning and ending values in this category for each month will not have a 1:1 relationship for this and other reasons.
- Ms. Windy Johnson asked if the dashboard could be added as the front page of the HBAR report. Mr. Glazier, Chair, stated that the Access subcommittee is looking at the possibility of making changes to the HBAR and possibly using the JCAFS dashboard to replace some portions of the HBAR report.

## Agenda Item 12: New and ongoing state hospital issues

Ms. Rachel Samsel, HHSC, provided an update on the new and ongoing state hospital issues and referenced a PowerPoint entitled “State Hospital Update”. Highlights of the update and committee member discussion included:



- Ms. Samsel stated that during recent months the hospitals are working to improve access to state hospital beds. She stated that on December 1, 2019 the adolescent unit located at San Antonio State Hospital (SASH) was closed. The unit was modified to become an adult treatment unit. She stated that on February 3, 2020 civil patients will be moved to the building which will in turn allow SASH to open another building for forensic patients. An additional 20 forensic beds will become available at SASH during early to mid-February 2020.
- Ms. Samsel stated that changes will be made on February 1, 2020 to the medical records which will be able to capture the early, mid and later data points being recommended by the Access subcommittee (step A, C, E and F) for tracking the steps involved in the competency restoration process.
- Ms. Samsel stated that the hospitals have been reallocated job assignments to allow PhD's to focus on completing Competency Evaluation reports instead of providing Competency Education. She stated that all options, such as tele-psychiatry, are being reviewed to keep the Competency Evaluation reports flowing.
- Ms. Samsel stated the hospitals are working to have close coordination with State Supported Living Centers (SSLC's) and LIDDA's to improve the timeliness of discharge/transfer from state hospitals to SSLC's.
- Ms. Samsel stated the state hospitals are getting close to finalizing a couple of step-down pilot programs with two LMHA's that have made step-down programs. She stated that the pilot target is moving out 20 people to the step-down programs.
- Ms. Samsel stated that the hospitals are starting to re-implement furloughs. She stated that there was one individual recently furloughed from Rusk State Hospital. The furlough process will involve a high level of coordination between the hospitals, LMHA/LIDDAs and placement facilities to ensure that each patient's needs are being met.
- Ms. Denise Oncken asked Ms. Samsel if the time that it takes for local authorities to transport patients is being tracked and evaluated. Ms. Samsel stated that the hospitals are tracking transport times and evaluating opportunities for improvement for coordinating transporting patients to and from the hospitals.
- Ms. Oncken asked for more information about how furloughs are implemented. Ms. Samsel stated that civil patients are being prioritized for furloughs, however, forensic patients will be considered for furloughs if courts are willing to approve furloughs from the state hospitals.
- Ms. Samsel stated that the state hospitals are planning for exceptional item requests during the upcoming 87<sup>th</sup> legislative session. She stated that the state hospitals would appreciate JCAFS support of their exceptional item requests in the following areas. First, working to address inflationary costs related to the medical care needs of the patients. Second, replacing and

expanding inpatient psychiatric services through funding for the completion of new state hospital construction projects. The state hospitals received only half of the funding in the 86<sup>th</sup> legislative session for the new construction of the Austin and San Antonio State Hospitals. Third, funding for increased pay for staff retention. Fourth, modernizing operations in order to meet prescribing requirements within the electronic medical records as well obtaining electronic scheduling systems to meet time, labor and leave requirements. Fifth, there are a variety of additional deferred maintenance needs, maintain vehicles, maintain on-campus laundry systems and meet Joint Commission and CMS requirements for anti-ligature environments. And sixth, improving access to behavioral health services such as improving transportation to and from state hospital facilities, utilizing existing homes that are vacant on the SSLC campuses for individuals who no longer need an inpatient level of care.

- Ms. Samsel stated that the state hospitals will be proposing statutory changes to ensure continuity of care by allow individuals coming to the state hospitals from the SSLC's to remain on their medications without having to seek an additional order for medications. She stated that they are also looking at statutory changes that would help the state hospitals address emergency needs that arise when an immediate repair needs to occur, or equipment needs to be replaced. Ms. Samsel stated that the state hospitals are in the early stages of identifying their statutory initiatives.
- Mr. Stephen Glazier, Chair, stated that the JCAFS will look forward to hearing how the state hospitals progress in developing their LAR and will look forward to supporting the hospitals in getting the resources that they need.

#### Agenda Item 14: Public Comment

- **Ms. Anna H. Gray**, representing herself as a consumer representative, provided public comment. She stated that she agrees with Ms. Shelley Smith who stated earlier in the meeting that it was important to have consumer representation on the committee. She stated that representatives from the BHAC committee may not represent consumers. She said that NAMI does not speak for consumers. She said that NAMI represents families. She said consumers need to have their own voice. Ms. Gray also said that that Mental Health America also does not represent consumers. She stated that she believes that it is great that Shannon Carr is on the JCAFS committee since she does represent the largest consumers program in Travis County. She said that she requests that Prosumers be represented on the JCAFS committee. She said that she is director of the Prosumers Organization. She said that Prosumers brings a statewide view of what is going on with consumers and work directly with people dealing with forensic and access issues. She said that she would also recommend a representative from the Recovery Community dealing with substance abuse issues be added to the

JCAFS committee. Ms. Gray stated that as long as Texas has a crisis-based system there will never be enough beds for people in need of services. She stated that the system needs to take a broader view of the problems that exist (especially the need for trauma informed services). She encouraged the inclusion of Prosumers to bring new ideas for methods of care such as the creation of “Warm Lines” and the use of Trauma-Informed interventions.

- **Ms. Sonja Burns**, representing herself as an advocate for her brother, provided public comment. She stated that she also supported Shelly Smith’s comments about the importance of consumer representation. She stated that she would recommend “The Arc” as a possible organization for Consumer representation. She stated that Traumatic Brain Injury (TBI) gets forgotten. She said that many homeless individuals have been found to have TBI. She stated that housing continues to be a big issue as mentioned during the recent Mental Health Summit. She stated that she hopes that more data is provided about HCBS-AMH programs. Ms. Burns stated that she is now working on the BHAC Housing subcommittee. She stated that she wanted to focus on the housing needs of individuals coming out of prisons and jails. She also stated that she is also focused on continuum of care issues.

## Agenda Item 15: Adjournment

Mr. Stephen Glazier, Chair, adjourned the meeting at 1:03 pm.

Below is the link to the archived video of the January 29, 2020 Joint Committee on Access and Forensic Services AC meeting that can be viewed approx. two years from date of meeting.

(To view and listen to the entirety of the meeting and public comment provided click on the link below)

[Joint Committee on Access and Forensic Services](#)